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Fill in this information to identify your case:	
United States Bankruptcy Court for the:	HTED STATES BANKHUPTCY COURT HORTHERN DISTRICT OF ILLINOIS
Northern District of Illinois	
Case number (If known):	Chapter you are filing under: JUN 2 1 2018
	Chapter 7 Chapter 11 Chapter 12 Chapter 13 Chapter 13 Chapter 13 Chapter 13 Chapter 13 Chapter 13 Chapter 13

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself		
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
. Your full name		,
Write the name that is on you government-issued picture identification (for example, your driver's license or passport).	ir Samantha First name JG Middle name	First name Middle name
Bring your picture	Bosho 12	Middle name
identification to your meeting with the trustee.	Last name	Last name
	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
All other names you have used in the last 8 years	жал организация продукция продукция продукция организация продукция организация продукция продукция продукция п First name	жения в неста стабов от стабры тор в надрожения в нашения стабрания от стабры стабры от стабры от стабры от ст First name
Include your married or maiden names.	Middle name	Middle name
	Last name	Last name
	First name	First name
	Middle name	Middle name
	Last name	Last name
Only the last 4 digits of	xxx - xx - 222	
your Social Security number or federal		xxx - xx
Individual Taxpayer	OR	OR
Identification number (ITIN)	9 xx - xx	9 xx - xx

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Debtor 1 First Name Middle	Name Last Name	Case number (if known)
Wilder Comment of the Property of the Comment of th	Nonic Last Name	
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4. Any business names and Employer Identification Numbers (EIN) you have used in	have not used any business names or EINs.	☐ I have not used any business names or EINs.
the last 8 years	Business name	Business name
Include trade names and doing business as names	Business name	Business name
	EIN	EIN
	EIN	EIN
i. Where you live	$\frac{1}{2}$	If Debtor 2 lives at a different address:
	205 West Linshigton Street Number Street	Number Street
	Oswego II 6543 City State ZIP Code State ZIP Code	City State ZIP Code
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number Street	Number Street
	P.O. Box	P.O. Box
	City State ZIP Code	City State ZIP Code
Why you are choosing	Check one:	Check one:
this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason, Explain. (See 28 U.S.C. § 1408.)

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D	ebtor 1 First Name Middle N	ême	Last Name			Case number (#	known)
P	art 2: Tell the Court Abo	ut Your I	Bankrupi	tcy Case			
7.	The chapter of the Bankruptcy Code you	Check of	one. (For a kruptcy (Fo	a brief description of e orm 2010)). Also, go t	ach, see <i>Not</i> o the top of p	ice Required by 1 age 1 and check	1 U.S.C. § 342(b) for Individuals Filing the appropriate box.
	are choosing to file	Cha				-	11 - F
	under	☐ Cha	apter 11				
		☐ Cha	pter 12				
		☐ Cha	pter 13				
8.	How you will pay the fee	loca you sub with I ne App	al court for rself, you mitting you a pre-pri ed to pay lication for the aw, a judge.	or more details about may pay with cash our payment on you inted address. The fee in install or Individuals to Pay at my fee be waived ge may, but is not not to the may be the may but is not not to the may fee be waived ge may, but is not not to the may pay with my fee be waived ge may, but is not not not to the may pay with my fee be waived ge may, but is not	it how you r i, cashier's o ir behalf, yo ments. If yo y The Filing d (You may equired to,	nay pay. Typical check, or money ur attorney may u choose this of Fee in Installment request this opinalized waive your fee,	peck with the clerk's office in your lly, if you are paying the fee or order. If your attorney is pay with a credit card or check office, sign and attach the ents (Official Form 103A). It tion only if you are filing for Chapter 7, and may do so only if your income is ar family size and you are unable to
	Have you filed for bankruptcy within the	pay Cha Main	the fee in pter 7 Fila	n installments). If yo ing Fee Waived (Of	u choose the	nis option, you m	nust fill out the Application to Have the with your petition.
	last 8 years?	☐ Yes.	District	V4	When	MM / DD / YYYY	Case number
			District _				Case number
			District _				
						MM / DD / YYYY	Case number
10.	Are any bankruptcy	XI No					
	cases pending or being filed by a spouse who is	☐ Yes.	Debtor				Relationship to you
	not filing this case with you, or by a business partner, or by an affiliate?		District _		When	MM / DD / YYYY	Case number, if known
	•		Debtor		·		Relationship to you
			District		When	MM / DD / YYYY	Case number, if known
1.	Do you rent your residence?	⊠ No. ☐ Yes.	residence	e 12. landlord obtained an e? So to line 12.			and do you want to stay in your
				Fill out <i>initial Statemei</i> ankruptcy petition.	iii About an E	ะviction Judgment	Against You (Form 101A) and file it with

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ebtor 1 First Name Middle Na	me Last I	√ame		Case	number (if know	n)
art 3: Report About Any	Businesses Y	ou Own as a S	iole Propr	ietor		
Are you a sole proprietor of any full- or part-time business?	No. Go to	Part 4.	•			
A sole proprietorship is a	☐ Yes. Name	and location of t	business			
business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or	Name Numb	of business, if any				
LLC. If you have more than one	***************************************	J. Gader				
sole proprietorship, use a separate sheet and attach it to this petition.						
o and polition.	Cíty				State	ZIP Code
	Chec	k the appropriate	box to desc	ribe your business.	,	
				ned in 11 U.S.C. §		
				efined in 11 U.S.C.		1
				J.S.C. § 101(53A))		,
				in 11 U.S.C. § 101		
		one of the above	`	3	(-//	
Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	No. I am fi the Ba	ocuments do not on not filing under Ch ling under Chapte ankruptcy Code.	exist, follow apter 11. er 11, but I a	the procedure in 1 im NOT a small bu	1 U.S.C. § 1	and federal income tax return or if 116(1)(B). or according to the definition in ording to the definition in the
t 4: Report if You Own o	or Have Any H	azardous Prop	perty or A	ny Property Tha	nt Needs I	mmediate Attention
Do you own or have any	X No					
property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any	Yes. What	is the hazard?				
property that needs immediate attention?	lf imn	nediate attention i	is needed, v	hy is it needed? _		
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			ATTENDA DE LA CASA DE			
	Wher	e is the property?	Number	Street		
			City			State ZIP Code

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Debtor 1 First Name Middle	Name Last Name	C	ase numbe	Br (if known)	All the state of t		
Part 5: Explain Your Effo	rts to Receive a Bri	efing About Credit Counseling					
15. Tell the court whether	About Debtor 1:		Abo	ut Debtor 2 (\$	Spouse Only in a Joint Case):		
you have received a briefing about credit	You must check one) ;	You	must check o	ne:		
Counseling. The law requires that you receive a briefing about credicounseling before you file for	Counseling age	fing from an approved credit ncy within the 180 days before I uptcy petition, and I received a mpletion.	c fi	☐ I received a briefing from an approve counseling agency within the 180 defiled this bankruptcy petition, and I certificate of completion.			
bankruptcy. You must truthfully check one of the	Attach a copy of plan, if any, that	the certificate and the payment you developed with the agency.	Α	ttach a copy o	of the certificate and the payment at you developed with the agency.		
following choices. If you cannot do so, you are not eligible to file.	counseling agei	fing from an approved credit ncy within the 180 days before I uptcy petition, but I do not have a mpletion.	□ i c fi	received a br ounseling ag	iefing from an approved credit ency within the 180 days before I ruptcy petition, but I do not have		
If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors	Within 14 days at you MUST file a c plan, if any.	fter you file this bankruptcy petition, copy of the certificate and payment	V ye	Vithin 14 days	after you file this bankruptcy petition a copy of the certificate and paymer		
can begin collection activities again.	services from ar unable to obtain days after I mad circumstances r	☐ 1 certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.			asked for credit counseling an approved agency, but was in those services during the 7 ide my request, and exigent a merit a 30-day temporary waiver		
	requirement, attao what efforts you n you were unable t	ay temporary waiver of the ch a separate sheet explaining made to obtain the briefing, why to obtain it before you filed for what exigent circumstances e this case.	re wi yo ba	quirement, att hat efforts you ou were unable	day temporary waiver of the tach a separate sheet explaining a made to obtain the briefing, why e to obtain it before you filed for a what exigent circumstances file this case.		
	dissatisfied with y	e dismissed if the court is our reasons for not receiving a u filed for bankruptcy.	dis	ssatisfied with	be dismissed if the court is your reasons for not receiving a ou filed for bankruptcy.		
	If the court is satis still receive a briet You must file a ce agency, along with developed, if any, may be dismissed Any extension of t	sfied with your reasons, you must fing within 30 days after you file. ertificate from the approved ha copy of the payment plan you of you do not do so, your case the 30-day deadline is granted	If i sti Yo ag de ma Ar	If the court is satisfied with your reasons, you mustill receive a briefing within 30 days after you file You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.			
	only for cause and days.	d is limited to a maximum of 15	on				
	I am not required credit counseling	to receive a briefing about g because of:		I am not required to receive a briefing about credit counseling because of:			
	C i	have a mental illness or a mental deficiency that makes me ncapable of realizing or making rational decisions about finances.	٥	Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.		
	t £ t	My physical disability causes me to be unable to participate in a price or price or price or price or price or process. The control of the co		Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.		
		am currently on active military duty in a military combat zone.		Active duty.	I am currently on active military duty in a military combat zone.		
	briefing about cred	are not required to receive a lit counseling, you must file a of credit counseling with the court.	brie	efing about cre	u are not required to receive a edit counseling, you must file a		

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D	ebtor 1 First Name Middle Nam	ne Last Name	Case number (if km	iown)
P	art 6: Answer These Que	stions for Reporting Purpo	ses	
16	. What kind of debts do	16a. Are your debts prima	arily consumer debts? Consumer debts? unarily for a personal, family, or hou	ots are defined in 11 U.S.C. § 101(8)
	you have?	No. Go to line 16b. Yes. Go to line 17.		ooriou purpose.
		16b. Are your debts prima money for a business or i	arily business debts? Business debts nvestment or through the operation of the	are debts that you incurred to obtain
		No. Go to line 16c. Yes. Go to line 17.	, , , , , , , , , , , , , , , , , , , ,	
		16c. State the type of debts yo	ou owe that are not consumer debts or but	siness debts.
17.	. Are you filing under Chapter 7?	□ No. I am not filing under C	Chapter 7. Go to fine 18.	
emeres	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	Yes. I am filing under Chap	eter 7. Do you estimate that after any exer es are paid that funds will be available to	npt property is excluded and distribute to unsecured creditors?
18.	How many creditors do you estimate that you owe?	1-49 50-99 100-199 200-999	☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000	25,001-50,000 50,001-100,000 More than 100,000
19.	How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.	How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion
Ł	rt 7: Sign Below	3 \$300,001-\$1 Hillion	☐ \$100,000,001-\$500 million	☐ More than \$50 billion
Fo	r you	correct. If I have chosen to file under Ch	nd I declare under penalty of perjury that in mapter 7, I am aware that I may proceed, in I understand the relief available under each	f eligible, under Chapter 7-11-12 or 13
		this document, I have obtained	d I did not pay or agree to pay someone vand read the notice required by 11 U.S.C.	. § 342(b).
		I understand making a false star	ult in fines up to \$250,000, or imprisonme	money or property by fraud in connection
		Signature of Debtor	Signature	of Debtor 2
		Executed on O(2 2)	2015 Executed	on

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		kan pertakan kana 19 kan menangan kanan kanan kanan darah kan berasa pertah darah seperah kan kan berasa berasa	:02/61/09/07/(6/58/Y	beevees ex	
or your attorney, if you are presented by one	I, the attorney for the debtor(s) named in this p to proceed under Chapter 7, 11, 12, or 13 of tit available under each chapter for which the per-	etition, declare that I have in le 11, United States Code, a son is eligible. Lalso certify i	formed indicate hat I had a larger to the formed to the fo	the d	debtor(s) about eligibil
you are not represented an attorney, you do not ed to file this page.	the notice required by 11 U.S.C. § 342(b) and, knowledge after an inquiry that the information	in a case in which § 707(b)(a in the schedules filed with the	4)(D) ap e petitic	plie: on is	s, certify that I have no incorrect.
ou to me and page.	×	Date			
	Signature of Attorney for Debtor		ММ	/	DD /YYYY
	Printed name				
	Firm name		-		
	Number Street				
	City	State	ZIP Co	de	
	Contact phone	Email address			
	Bar number	State	-		

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Debtor 1 First Name Middle Nam	e Last Na	me	Case	number (if known)				
For you if you are filing this bankruptcy without an attorney If you are represented by	should u themselv conseque	nderstand that mees successfully. It is not standard that mees, you are standard the standard that mees to be seen that meets are standard to be seen that the seen that meets are standard to be seen that the seen	dividual, to represent y any people find it ext Because bankruptcy rongly urged to hire a	remely diffict has long-terr i qualified att	ılt to represent n financial and legal orney.			
an attorney, you do not need to file this page.	To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.							
	court. Ever in your sch property or also deny y case, such cases are r	n if you plan to pay a edules. If you do no properly claim it as you a discharge of a as destroying or hi randomly audited to	a particular debt outside of list a debt, the debt ma exempt, you may not b Ill your debts if you do so ding property, falsifying i	of your bankru ay not be disch e able to keep omething disho records, or lyin ve been accura	the property. The judge can pnest in your bankruptcy g. Individual bankruptcy ate, truthful, and complete.			
	hired an at successful, Bankruptcy	orney. The court wi you must be familia Procedure, and the	II not treat you differently ar with the United States	y because you s Bankruptcy C	w the rules as if you had are filing for yourself. To be ode, the Federal Rules of case is filed. You must also			
	consequen	are that filing for ba	nkruptcy is a serious ac	tion with long-t	erm financial and legal			
	No Yes							
	Are you aw inaccurate	are that bankruptcy or incomplete, you c	fraud is a serious crime could be fined or impriso	and that if you ned?	r bankruptcy forms are			
	O No							
	Did you pay	or agree to pay so	meone who is not an att	orney to help y	ou fill out your bankruptcy forms?			
	Yes. Nar	ne of Person_ ich <i>Bankruptcy Petiti</i>	on Preparer's Notice, Dec	laration, and Si	gnature (Official Form 119).			
	have read a	nd understood this	that I understand the ris notice, and I am aware t my rights or property if I	hat filing a ban	filing without an attorney. I kruptcy case without an y handle the case.			
	Som Signature of I	enth Bu	body *	Signature of De	obtor 2			
	Date	0621 2018 MM/DD /YYYY		Date	MM / DD / YYYY			
	Contact phone			Contact phone				
	Cell phone	630 632	6374	Cell phone				
	Email address	S. Buballs	Dychoo.com	Email address				

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		Boodinone ra	90 0 01 22			
Fill in this information to identify	your case:					
Compath	action consenting the					
Debtor 1 Samantha Jo Bub	OIZ Middle Name					
Debtor 2	widdle Name	Last Name				
(Spouse, if filing) First Name	Middle Name	Lasi Name				
United States Bankruptcy Court for the:	Morthorn Diotrio	t of Hilmain				
Officed Orates Barristopicy Court for the:	Northern District	t of Himois				
Case number		**************************************				neck if this is an
(If known)					am	nended filing
Official Form 106E/F						
· · · · · · · · · · · · · · · · · · ·						
Schedule E/F: Cre	ditors V	Vho Have Uns	ecured Clair	ms		12/15
Be as complete and accurate as po- List the other party to any executor A/B: Property (Official Form 106A/B creditors with partially secured clai	y contracts or i i) and on <i>Sched</i> ms that are list	unexpired leases that could dule G: Executory Contracts ed in Schedule D: Creditors	l result in a claim. Also s and Unexpired Leases s Who Have Claims Secu	list executory of (Official Form of used by Property	contracts on 106G). Do no	Schedule of include any
needed, copy the Part you need, fill any additional pages, write your na	it out, number	the entries in the boxes on	the left. Attach the Conf	tinuation Page	to this page.	. On the top of
accinomia pages, write your nai	ne anu case Ni	aniaer (ii KNOWN).				
Part 1: List All of Your PRIOF	lity Unsecur	ed Claims				
Do any creditors have priority up	neecured claim	e againet vou?				<u></u>
☐ No. Go to Part 2.	iscoured claim	is against your				
Yes.						
2. List all of your priority unsecure	nd claime if a o	raditar has more than one pri	anita a companyona da	At		
each claim listed, identify what type nonpriority amounts. As much as p unsecured claims, fill out the Conti (For an explanation of each type of	e of claim it is. If possible, list the o nuation Page of	a ciaim has both priority and claims in alphabetical order a Part 1. If more than one cred	nonpriority amounts, list t according to the creditor's a litor holds a particular clair	hat claim here a	ind show both	n priority and
			,	Total claim	Priority	Nonpriority
· · · · · · ·				TOTAL CIGIN	amount	amount
.1					_	
Priority Creditor's Name		Last 4 digits of account nu	ımber	\$	_ \$	<u> </u>
		When was the debt incurre	ed?			
Number Street		•				4
		As of the date you file, the	claim is: Check all that appl	ly.		Ē
City State	ZIP Code	Contingent		•		į
,		☐ Unliquidated				
Who incurred the debt? Check one Debtor 1 only	1.	Disputed				1
Debtor 2 only		Time of DDIODITY				Same of the same o
Debtor 1 and Debtor 2 only		Type of PRIORITY unsec				and the second s
At least one of the debtors and and	other	Domestic support obligation				
☐ Check if this claim is for a con			ebts you owe the government			
		Claims for death or persor intoxicated	nal injury white you were			
Is the claim subject to offset?		Other. Specify				
☐ Yes						to de consumo
4 ************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		and the property of the lowest and memory and the last possible the Secretary state of the section of the state of the section			
Priority Creditor's Name		Last 4 digits of account nu	mber	\$	\$	\$:
,		When was the debt incurre	d?			
Number Street						:
		As of the date you file, the	claim is: Check all that apply	<i>J.</i>		
		Contingent				
City State	ZIP Code	Unliquidated				
Who incurred the debt? Check one		Disputed				and the second
Debtor 1 only		Type of PRIORITY unsect	ared claim:			
Debtor 2 only		Domestic support obligation				tr ophys.
Debtor 1 and Debtor 2 only	ab	Taxes and certain other de				
At least one of the debtors and and		Claims for death or person				
Check if this claim is for a com	imiinity dahé		on myary minic you were			i .

No Yes

is the claim subject to offset?

Other. Specify_

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Desc Main

Debtor 1

Samantha Jo Bubolz

Documen

Case number (if know

Your PRIORITY Unsecured Claims — Continuation Page Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Total claim **Priority** Nonpriority amount amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent State Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? ☐ No Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. State ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only ☐ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were Check if this claim is for a community debt intoxicated Other, Specify Is the claim subject to offset? ☐ No ☐ Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent City Unliquidated State ZIP Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were ☐ Check if this claim is for a community debt intoxicated Other, Specify Is the claim subject to offset? ☐ No ☐ Yes

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Debtor 1

Samantha Jo Bubolz

	First Name	Middle Name	Last Name	Case Hurripel (# KNOWA)
Part 2:	List All of	Your NONPRIC	RITY Unsecured Cla	ims
3. Do any	creditors ha	ve nonpriority u	nsecured claims against	you?
☐ No.	You have no	thing to report in t	his part. Submit this form t	o the court with your other schedules.

3.	Do any creditors have nonpriority unsecured cl No. You have nothing to report in this part. Sub Yes				
4.	nonpriority unsecured claim, list the creditor separa	itely for each clair	order of the creditor who holds each claim. If a creditor han, For each claim listed, identify what type of claim it is. Do no list the other creditors in Part 3.If you have more than three no	t lint of	iona atrandr.
	1			Tot	al claim
4.1	Rush Copley Medical Center		Last 4 digits of account number		0.000.00
	Nonpriority Creditor's Name		When was the debt incurred?	\$	2,000.00
	2000 Ogden Ave. Number Street		Tries was the dept medited?		
	Aurora IL City State	60504 ZIP Code	As of the date you file, the claim is: Check all that apply.		
			☐ Contingent		
	Who incurred the debt? Check one.		Unliquidated		
	Debtor 1 only Debtor 2 only		☑ Disputed		
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another		Student loans		
	☐ Check if this claim is for a community debt		Obligations arising out of a separation agreement or divorce		ş
	Is the claim subject to offset?		that you did not report as priority claims		
	No		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify _ Medical	\$	
	Yes		2 Other, Specify Microsoft		
1,2	Medical Business Bureau, LLC	વર્ષ અને લાવલ દે ખાલામાં દાવત દા દાવાદા ભાગું ભાગું આવે. તું એ ના લાંગ છે છે છે છે તે તે તે તે તે તે તે તે તે	Last 4 digits of account number		1,000.00
	Nonpriority Creditor's Name		When was the debt incurred?	\$	1,000.00
	PO Box 1219				:
	Number Street		As a fall of the second		
	Park Ridge IL City State	60068 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	,	ZIF Code	Contingent		
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed		!
	Debtor 1 only Debtor 2 only		ызрыей		
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another		☐ Student loans		
	☐ Check if this claim is for a community debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts		
	☑ No		Other. Specify Consumer		
	Yes	\$		egipente besteut new eest	Martin of the contract of the
.3	Portfolio Recovery Associates Nonpriority Creditor's Name		Last 4 digits of account number	\$	3,000.00
	PO Box 12914		When was the debt incurred?	3	0,000.00
	Number Street				
	Norfolk VA	23541	As of the date you file, the claim is: Check all that apply.		
		ZIP Code	☐ Contingent		:
	Who incurred the debt? Check one.		Unliquidated		
	Debtor 1 only Debtor 2 only		☐ Disputed		
	Debtor 1 and Debtor 2 only		Tues of MOMBRIORIES		
	At least one of the debtors and another		Type of NONPRIORITY unsecured claim:		į
	☐ Check if this claim is for a community debt		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce		
	is the claim subject to offset?		that you did not report as priority claims		
	□ No		Debts to pension or profit-sharing plans, and other similar debts		· ·
	Yes		Other. Specify		
 .			10000000000000000000000000000000000000		

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Debtor 1

Samantha Jo Bubolz Middle Name

Case number (if known)_

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

Last Name

Afi	ter listing any entries on this page, numb	er the	em beginning with	h 4.4, followed by 4.5, and so forth.	Total claim
	Commenity Bank Nonpriority Creditor's Name			Last 4 digits of account number	s 500.00
	PO Box 182125			When was the debt incurred?	-
		ΣΗ	43218	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community is the claim subject to offset?	debt	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed ☐ Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Consumer	
	JC Christensen & Associates	nyaranaga gagarga eg s	ntier tie en verwaarspronnen troppe dat perferende verwaarsparster op op gege	Last 4 digits of account number	\$ 1,000.00
	Nonpriority Creditor's Name			When was the debt incurred?	\$_1,000.00
	PO Box 519 Number Street				
	-	IN	56379	As of the date you file, the claim is: Check all that apply.	
	City Stat	le	ZIP Code	Contingent	
	Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed	
	☑ Debtor 1 only			uz Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	!
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that	and the state of t
	☐ Check if this claim is for a community	debt		you did not report as priority claims	7
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts	1 1 1 1
	□ No □ Yes			Other, Specify Consumer	2000
	and france of the state of the	i de de la companya	annen en in it en in in it en in	+ declaration	series is a militar con an account construction to the construction of the constructio
	Northland Group, Inc. Nonpriority Creditor's Name			Last 4 digits of account number	*
	PO Box 390846			When was the debt incurred?	!
	Number Street Minneapolis Mi	N	55439	As of the date you file, the claim is: Check all that apply.	
	City State	3	ZIP Code	Contingent	1
	Who incurred the debt? Check one.			Unifiquidated	1
	Debtor 1 only			☐ Disputed	i
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	ž.
	Debtor 1 and Debtor 2 only				
	☐ At least one of the debtors and another			Student loansObligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community of	lebt		you did not report as priority claims	:
	Is the claim subject to offset?			 Debts to pension or profit-sharing plans, and other similar debts Other. Specify 	
	Yes				i

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Debtor 1

Samantha Jo Bubolz Middle Name

Last Name

Case number (if known)_

Part 3:

List Others to Be Notified About a Debt That You Already Listed

				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
- Admider	Guest			Part 2: Creditors with Nonpriority Unsecured Clai
				Last 4 digits of account number
City	mitter of the disease on minimum energies and gradus in the minimum to minimum the content gradual and an	State	ZiP Code	
Name		***************************************		On which entry in Part 1 or Part 2 did you list the original creditor?
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
	Saeet			Part 2: Creditors with Nonpriority Unsecured Claims
City	Microford State St	State	ZIP Code	Last 4 digits of account number
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street	**************************************		☐ Part 2: Creditors with Nonpriority Unsecured
City		State	ZIP Code	Last 4 digits of account number
Vame			MANAGEMENT OF THE PROPERTY OF	On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Claims Part 2: Creditors with Nonpriority Unsecured
Dity		State	ZIP Code	Last 4 digits of account number
varenteeper eveneur en	the STA CEA Commission recommend to the CEA CEA TO CEA THE SEASON I Knowledge ago the p	et falle for the confidence of the confidence of the following the following the confidence of the con		On which entry in Part 1 or Part 2 did you list the original creditor?
vanie				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Vumber	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
City	and the same of the second	State	ZIP Code	Last 4 digits of account number
lame				On which entry in Part 1 or Part 2 did you list the original creditor?
ane				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber	Street			Part 2: Creditors with Nonpriority Unsecured
		·		Claims
lity	The state of the first of the state of the s	State	ZIP Code	Last 4 digits of account number
ame				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
umber	Street			Part 2: Creditors with Nonpriority Unsecured
	**.			Claims

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Debtor 1

Samantha Jo Bubolz

Last Name

Case number (if known)_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims	6a	. Domestic support obligations	6a.	\$
from Part 1	6b	. Taxes and certain other debts you owe the government	6b.	\$
:	6с	. Claims for death or personal injury while you were intoxicated	6c.	\$
	6d	. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$
	6e	Total. Add lines 6a through 6d.	6e.	sØ
				Total claim
otal claims		Student loans	6f.	\$
roill Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$
	6j. `	Total. Add lines 6f through 6i.	6j.	s

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		Doc	amen rage	, 13 01 22	
Fill in this	nformation to identify yo	ur case:			
Dobtor	Samantha Jo Bubolz	7			
Debtor	First Name	Middle Name	Last Name		
Debtor 2 (Spouse If filing) First Name	Middle Name	Last Name		
	Bankruptcy Court for the:		Last Name		
		District of			
Case numbe (If known)	***************************************	·			Check if this is an
					amended filing
Official	Form 106G				
Sched	ule G: Execu	tory Contr	acts and I	Inexpired Leases	4
					12/15
1. Do you	ges, write your name and nave any executory contrible this to	copy the additional particles of the case number (if known cases or unexpired lead form with the court with	page, fill it out, numb own). ases? th your other schedules	her, both are equally responsible for supply er the entries, and attach it to this page. On s. You have nothing else to report on this form.	the top of any
Yes.	Fill in all of the information	below even if the cont	racts or leases are list	ed on Schedule A/B: Property (Official Form 10	06A/B).
				or lease. Then state what each contract or I	
evambie	, rent, venicie lease, cell j	p hone). See the instru	actions for this form in	the instruction booklet for more examples of ex	ease is for (for ecutory contracts and
unexpire	i leases.				
Person o	or company with whom yo	ou have the contract	or lease	State what the contract or lease is for	
!.1 					
Name					
Number	Street				
City	State	ZIP Code			
.2					an ang ang ang ang ang ang ang ang ang a
Name					
N	041				
Number	Street				
City	State	ZIP Code			
.3					e kontrante e transferial de la contrante de l
Name					
Number	Street				
City	State	ZIP Code			
4	and the property of the second se	. On the properties of the control o	The family of a multi-produce agree of a majorithm may a country purpose agree paginary as	and the state of the manufacture of the state of the major of the state of the stat	to deling of the entire transactions and with a finishing of the production of the second of the second of the
Name			***************************************		
Number	Street				
City	State	ZIP Code			
5	odiț	6631 VUIC	er er filosof malem rees mes mesmo recizión fores les susan assante	ener with Lond agreement and a sum assurement and a set of the final and high middle of the first and an energy to the first and a set of	a province of more promote and a section and analysis of the interior conservation.
Name	M-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
HOINE					
Number	Street				
0.3		77 176			
City	State	ZIP Code			

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Debtor 1

Samantha Jo Bubolz

First Name

Middle Name Last Name Case number (if known)_

		Additional P	age if You H	lave More Con	itracts or Lease:	s	
	Person o	or company v	with whom you	have the contr	act or lease	What the contract or lease is for	
2.2							
	Name		7,				
	Number	Street					
	City	***************************************	State	ZIP Code			
2	}	ant y diran minampia amin'ny taona amin'ny taona amin'ny taona amin'ny taona amin'ny taona amin'ny taona amin'n	et til til til til til som til star om til som en	e de como este amonte dos antanoscosos de como estado e con estado en consecuencia de consecuencia de consecue	and the residency of the contract of the contr	بستميه والمهمان والواقع المستمحية وسوري والواقع الماسة ومستح ومشهدة الميسين والماس متحدود والمراض المرافع المعالمة والمعالمة والمنافع المتعالمة والمتعالمة والم	1841) viika kuvinida kanin kanin ili kundeli yh oli kuunuka keennaasa, muu kujuussi kaundulle ku
	Name						
	Number	Street					
	City		State	ZIP Code			
2	an ang a mananananan ag a say say say say sa	and and the second s	1905 in 1905 in 1906 i In 1906 in 190	a segunda kamma a kestamen sanamen ere men mike mmendem	ennement transfer i san en mente de la siste de la company de la servició de la company de la company de la co	останда так менен не не 1 година выстанден 22 г. с.	and a second state of the second second state of the second second second second second second second second s
	Name						
	Number	Street					
	City		State	ZIP Code			
2	t year to esternol sedvern de sedverne.	Segunda esta sema sur sa mante es, esta sa car	er kommen er er erm kommen forskriver og kommen kriver er er	The the the the section of the first hand the section of the secti	etinti ezekenimen oran erren erren ezete ezete generele	овом станов на применения на применения на применения в применения в применения на применения в применения в п В применения в приме	$w_{i}^{2}(x_{i$
	Name		***************************************		***************************************	***	
	Number	Street					
	City		State	ZIP Code	***************************************	_	
2	etteratorii eta esta esta esta esca esca e	and the state trapetate of more against a consume	eterreti telita og tilla og etjenene ermene er ermene er en me	et det gelek erret dan er talan era ar erret gerek betanek bestallen gegen eg e	ett film til en er	er a normalmine hat met interview at parties propried in the a service in dark parties and an about his entering his enter	e strank a still still spiritella den freg annanne panter freg stil eponte pap fra na eller anna
	Name					-	
	Number	Street					
	City		State	ZIP Code		-	
2	transitiviti oli silli sila sila sila sila sila sila s		eri e eta e eta ega eta da ega ega ega eta ega era e e e e e e e e e e e e e e e e e	en engannen grenne til en antara en de a antara en	e distribution de la caracteria antica antica de l'anticatori en de l'anticatori en de l'anticatori en de l'an		والكروب والمحافظ والمحاوضة والمناصبة والمناوضة والمناوضة والمناوضة والمناوضة والمناوسة والمناوضة والمناوضة والم
	Name					~	
	Number	Street				-	
	City		State	ZIP Code		-	
2.			Sanganga yanga yangan pagan ama asa ama ya 👢 👢	Nagagaran maga managanya mana a taona a sa asaa sa ay ay	en and and extension on the second section of the section of the section of the second section of the s	e and a second	anaman ang standing ang ang ang ang ang ang ang ang ang a
	Name					-	
	Number	Street				-	
	City		State	ZIP Code		-	
2	a de cremendo estas estas finames esta	en e	e e e filosofie e e e en el gran persona anterior en gran en en en margo e e partir e en el margo e e partir e	et e estatut tratain e maior perioritari que proprio e en con en	$x_{1,1,1,1}, x_{1,1}, x_{1,1$	والمداعة والمصافر في المراكب والموافر والمعاول والمستعمل والمعافرة والمراكبة والمعافرة والمراكبة والمعافرة المراكبة والمعافرة المراكبة والمعافرة المراكبة والمعافرة المراكبة والمعافرة المعافرة المراكبة والمعافرة المعافرة	
	Name			****		-	
•	Number	Street				-	
	City		State	ZIP Code			
		Control of the contro	ga engra kan sekala ang paga ang ang ang ang ang ang ang	e a montant que a entre caracterista de proper en la colonia de la colonia de la colonia de la colonia de la c	The form to thomas designation as a fact than a serior of the	W. S. Martin B.	

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Fill in this information to identify	/ your case:			-		
Debtor 1 Samantha Jo Bu	bolz					
First Name Debtor 2	Middle Name	Last Name				
(Spouse, if filing) First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:	District of	T-11-11-11-11-11-11-11-11-11-11-11-11-11				
Case number (If known)				Check if t	his is:	
					nended filing	
Official Form 106I				A sup incom	plement showing pos e as of the following	stpetition chapter 13 date:
	_			MM / E	DD / YYYY	
Schedule I: You						12/15
Be as complete and accurate as possible supplying correct information. If you are separated and your spot separate sheet to this form. On the Part 1: Describe Employment	ou are married and not fluse is not filing with you, at the of any additional pa	ing jointly, and i	your spouse is information abo	living with y	ou, include informations	on about your spouse.
Fill in your employment		D-114				
information. If you have more than one job,		Debtor 1	00-8000 7-0-40-40-40-40-40-40-40-40-40-40-40-40-4	nhaaliinnoonna / Aramonistiitiitiitiitiitiitiitiitiitiitiitiiti	Debtor 2 or non-l	iling spouse
attach a separate page with information about additional employers.	Employment status	☐ Employed			☐ Employed ☐ Not employed	
Include part-time, seasonal, or self-employed work.		,	-,		— Not employed	
Occupation may include student or homemaker, if it applies.	Occupation	And the second s			The state of the s	
	Employer's name					
	Employer's address					
		Number Stree	it .		Number Street	
		City	State ZIP C	ode	City	State ZIP Code
	How long employed the	re?	_			
Part 2: Give Details About	Monthly Income					
Estimate monthly income as of spouse unless you are separated.	the date you file this form	n. If you have not	hing to report for	any line, wri	te \$0 in the space. Incl	ıde your non-filing
If you or your non-filing spouse ha below, If you need more space, at	ve more than one employe tach a separate sheet to th	r, combine the inf	formation for all e	employers fo	r that person on the line	es
	,		For L	Debtor 1	For Debtor 2 or non-filing spouse	
List monthly gross wages, sala deductions). If not paid monthly, or	ry, and commissions (be calculate what the monthly	fore all payroll wage would be.	2. \$	0.00	\$	
3. Estimate and list monthly over	ime pay.		3. +\$		+ \$	** ************************************
4. Calculate gross income. Add lin	e 2 + lìne 3.		4. \$	0.00	\$	and transmission of the

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Debtor 1 Samantha Jo Bubolz

Samantha Jo Bubolz First Name Middle Name Last Name Case number (if known)____

		For l	Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	→ 4.	\$	0.00	\$	
5. List all payroll deductions:					
5a. Tax, Medicare, and Social Security deductions	5a.	¢		c	
5b. Mandatory contributions for retirement plans	5b.			\$ \$	
5c. Voluntary contributions for retirement plans	5c.			\$	
5d. Required repayments of retirement fund loans	5d.		-	\$	
5e. Insurance	5e.			\$	
5f. Domestic support obligations	5f.			\$	
5g. Union dues	5g.			\$	
5h. Other deductions. Specify:	-				
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5		\$		+ \$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	
8. List all other income regularly received:					
8a. Net income from rental property and from operating a business, profession, or farm					
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$		\$	
8b. Interest and dividends	8b.	\$		\$	
8c. Family support payments that you, a non-filing spouse, or a depen- regularly receive	dent	T		· ·	
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$		\$	
8d. Unemployment compensation	8đ.	\$	***************************************	\$	
8e. Social Security	8e.	\$		\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistate that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ance 8f.	\$		\$	
8g. Pension or retirement income	_	Ψ		φ	
	8g.	\$		\$	
8h. Other monthly income. Specify:	_ 8h	+ \$		+\$	
9. Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$		\$	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	0.00	\$	= \$ 0.00
11. State all other regular contributions to the expenses that you list in Sche Include contributions from an unmarried partner, members of your household, friends or relatives.	e dule J. your de _l	pendents	, your room	mates, and other	
Do not include any amounts already included in lines 2-10 or amounts that are Specify:		ilable to	oay expense	es listed in <i>Schedule J.</i>	• ¢
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain	e result is	s the com al Informa	ibined month	hlv income	\$ 0.00
13. Do you expect an increase or decrease within the year after you file this	form?				Combined monthly income
☐ Yes. Explain:					

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Fill in this information to identify	your case:			
Debtor 1 Samantha Jo Bub	olz			
First Name	Middle Name Last Name	Check if this	s is:	
Debtor 2 (Spouse, if filing) First Name	Middle Name Last Name	An amer		
United States Bankruptcy Court for the:	District of	☐ A supple	ement showing pos	tpetition chapter 13
Case number		1	s as of the followin	g date:
(If known)		MM / DD	YYYY	
Official Form 106J				
Schedule J: You	ur Expenses			12/15
Be as complete and accurate as poinformation. If more space is neede (if known). Answer every question.	ed, attach another sheet to this forn	ing together, both are equally res n. On the top of any additional pa	ponsible for supply ges, write your nam	ring correct ne and case number
Part 1: Describe Your Hou	sehold			
1. Is this a joint case?				
✓ No. Go to line 2.✓ Yes. Does Debtor 2 live in a s	eparate household?			
☐ No	,			
Yes. Debtor 2 must file	Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.		
2. Do you have dependents?	☑ No	an Andreas, an advance an about the larger 1974 and additional hands and the Angelson and an additional 1974 and an additional and an additional 1974 and an additional and an additional 1974 and an additional and an additional and an additional and additional additional and additional and additional additional and additional a	And the state of t	THE CONTRACT OF THE PROPERTY OF THE STATE OF
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents' names.			***************************************	□ No □ Yes
				□ No
				☐ Yes
				□ No □ Yes
				☐ No
			-	☐ Yes
			-	□ No
Do your expenses include expenses of people other than yourself and your dependents?	□ No □ Yes	оменто на применения принцения на принцения на принцения на принцения на принцения на принцения на принцения н	an Panting (17) is subharries with the time the angle is appared to the instance space and	Yes
Part 2: Estimate Your Ongoin	a Manthly Evanna	The second secon		
Estimate your expenses as of your be expenses as of a date after the bank applicable date.	ruptcy filing date unless you ar ruptcy is filed. If this is a suppleme	e using this form as a suppleme ntal <i>Schedule J</i> , check the box at	nt in a Chapter 13 ca t the top of the form	ase to report and fill in the
Include expenses paid for with non-	eash government assistance if you	know the value of		
such assistance and have included i	t on Schedule I: Your Income (Offic	ial Form 106l.)	Your expen	ses
 The rental or home ownership ex any rent for the ground or lot. 	penses for your residence. Include f	irst mortgage payments and	4.	
If not included in line 4:				
4a. Real estate taxes			4a. \$	PARAMANA AND THE PARAMA
4b. Property, homeowner's, or ren			4b. \$	
4c. Home maintenance, repair, an	d upkeep expenses		4c. \$	
4d. Homeowner's association or c	ondominium dues		4d. \$	

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Debtor 1

Samantha Jo Bubolz

Jamamma	JU DUDUIZ		_	
First Name	Middle Name	Last Name	Case number (if known)	

			Your expenses
5	Additional mortgage payments for your residence, such as home equity loans	5.	\$
	Utilities:	J.	
Ī	6a. Electricity, heat, natural gas		•
	6b. Water, sewer, garbage collection	6a.	\$
	6c. Telephone, cell phone, Internet, satellite, and cable services	6b.	\$
	6d. Other, Specify:	6c.	\$
7	Food and housekeeping supplies	6d.	\$
8		7.	\$
9		8.	\$
10.	Personal care products and services	9.	\$
11.	Medical and dental expenses	10.	\$
12.		11,	\$
16	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$
14.	Charitable contributions and religious donations	14.	\$
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$
	15b. Health insurance	15b.	\$
	15c. Vehicle insurance	15c.	\$ 200.00
	15d. Other insurance. Specify:	15d.	\$
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$
	17b. Car payments for Vehicle 2	17b.	\$
	17c. Other. Specify:	17c.	\$
	17d. Other. Specify:	17d.	\$
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$
19.	Other payments you make to support others who do not live with you.		
	Specify:	19.	\$
	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom		
	20a. Mortgages on other property	20a.	\$
	20b. Real estate taxes	20b.	\$
	20c. Property, homeowner's, or renter's insurance	20c.	\$
	20d. Maintenance, repair, and upkeep expenses	20d.	\$
	20e. Homeowner's association or condominium dues	20e.	\$

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Debto	r1 S	Samantha First Name	Middle Name	Last Name		******	Case number (if ki	nown)			
21. O	ther. Sp	ecify:		17000		······		21.	+\$		
22. C	alculate	your mont	hly expenses.						p. 11.000000199-2-1.100000100-1101	9	
22	2a. Add I	ines 4 throu	gh 21.					22a.	\$		
22	b. Copy	line 22 (mo	nthly expenses	for Debtor 2),	if any, from Officia	al Form 106J-2		22b.	\$ 		
22	c. Add li	ine 22a and	22b. The resul	t is your month	ly expenses.			22c.	\$	17.00	
23. Cal 23a			ly net income.						•		0.00
					from Schedule I.			23a.	\$	-	0.00
23b	. Сору	your month	nly expenses fro	om line 22c abo	ove.			23b.	-\$	70	0.00
23c.	Subtr	act your mo	nthly expenses monthly net in	from your mor come.	nthly income.			23c.	\$	-70	0.00
24. Do	you exp	ect an incr	ease or decre	ase in your ex	penses within th	e year after you i	file this form?				
For	example	e, do you ex	pect to finish p	aying for your c	car loan within the	year or do you ex o the terms of you	pect your				
	۷o.										
	Yes.	Explain her	e:								
											:
											:

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

In Re:)	
\bigcirc	2011/20 10	Ĵ	
XIII	nantha Jo Bubolz)	Case No.
Debtor (s)	1540012	_) ``	6 11
)	Chapter
)	

List of Creditors

Kush Copley Medical	Medical Business Bureau, LC
2000 Ogden Alve.	P.O. Box 1219
Aurora, IZ 10504	Park Ridge, I Lacolos
	Commenity Bank
Portfolio Recovery Assoc. P.O. Box 12914	P.O. Box 182125
Norfolk, VA 23541	Columbus, OH 43218
IC Christensen + Assoc.	Northland Group
JC Christensen + Assoc. P.O. Bux 579	P.O. Box 390846
Sauk Parido MAI	P.O. DON 310070
Suck Rupus, 111 5137	Munneapolis, MN 55439
	